

INSTRUCTIONS FOR
**APPLICATION FOR CERTIFICATE OF ELIGIBILITY FOR THE HEALTH
INSURANCE PREMIUM TAX CREDIT FOR SMALL BUSINESSES**

SMALL BUSINESS APPLICANT FIRST NAME

Please print the name of the small business.

SMALL BUSINESS APPLICANT ADDRESS NUMBER AND STREET OR PO
BOX and CITY, STATE, ZIPCODE

*Please print the address to which the Certificate of Eligibility should be
mailed. An accurate address is essential for processing the application.*

SMALL BUSINESS OWNER OR CONTACT NAME

*Please print the name of the person that will be signing the application and
that may be contacted if the Department of Revenue has questions.*

SMALL BUSINESS OWNER OR CONTACT PERSON APPLICANT DAY-TIME
PHONE NUMBER

*Please fill in the day-time phone number at which the small business
owner or contact person can be reached during the day. This is very important
should the applicant move during the course of the two-year period over which
the Certificate of Eligibility can be renewed.*

LENGTH OF TIME SMALL BUSINESS HAS BEEN IN EXISTENCE

*Please print the number of years and months that this business has been
in operation.*

MAXIMUM NUMBER OF EMPLOYEES AT ANY TIME DURING THE MOST
RECENT CALENDAR YEAR

*Please write the highest number of employees employed by your small
business at any point in the calendar year. If this number is greater than 25 or
less than two, the small business is ineligible for the program.*

NUMBER OF EMPLOYEES SEEKING SINGLE COVERAGE

*Please write the number of employees that intend to begin health
insurance coverage through your small business and that will elect single
coverage.*

NUMBER OF EMPLOYEES SEEKING FAMILY COVERAGE

*Please write the number of employees that intend to begin health
insurance coverage through your small business and that will elect family
coverage.*

This application must be signed by the small business owner or contact person
and dated. Failure to complete the form in full will result in processing delays
and could result in denial because all funds have been allocated. Failure to
complete the form accurately will result in denial.